

ULANKA 202

WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit Ministry of Health & Indigenous Medical Services 231, de Saram Place, Colombo 01000, Sri Lanka Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk Web: http://www.epid.gov.lk

Vol. 47 No. 50

05th-11th Dec 2020

TUBERCULOSIS IN THE ERA OF COVID-19 IN SRI LANKA—Part I

Currently, the world is facing the biggest pandemic of the twentieth century. COVID-19 had resulted in catastrophic damages to the world endangering international public health and economic development¹. Both COVID-19 and Tuberculosis are infections of the respiratory system which has a wide clinical presentation². TB is the leading cause of death from a single infectious agent and regarded as a public health emergency during the last three decades. Sri Lanka is a low prevalent country for TB with an estimated incidence rate of 64 cases per 100,000 population (2018) and an actual incidence rate of 40 cases per 100,000 population $(2018)^3$.

Pulmonary TB shares certain clinical similarities with respiratory viral diseases such as COVID-19. Primarily respiratory in origin, the common mode of transmission by droplet infection, common clinical spectrum and interference with host immunity display a characteristic similarity between two diseases⁴. Hence, the impact of COVID-19 on Tuberculosis healthcare is an area with great clinical significance⁵.

As per the statistical modelling⁶, a global reduction of 25% is expected TB detection in the year 2020 with an additional 6.3 million cases of TB between 2020 and 2025. In addition, a 13% increase in TB mortality in 2020 and an additional 1.4 million TB

deaths as direct consequences of the COVID-19 pandemic during the five-year period of 2020 to 2025. Furthermore, a drastic detrimental consequence of TB services and disruptive effects on routine health services is expected which will lead to further deterioration of TB care services in the country⁷.

Manual and electronic extraction of data from January- July of respective years -2019 and 2020 received from District Chest Clinics were compared using SPSS, Microsoft Excel and mapped and compared by using ArcGIS 10.7.1 software.

Results

During the first quarter (January – March) (Q1) in the year 2019 and 2020, the total number of 2153 and 2043 cases were reported in Sri Lanka, respectively. A 5.1% decline in the total number of TB cases in the year 2020 was reported in comparison to the previous year. A decline in the number of TB cases was observed in 15 out of 25 districts. The Western province in Sri Lanka, which consist of Colombo, Gampaha and Kalutara annually reports 40% of total TB cases in the country. However, during Q1 in the year 2020, there is a decline in the number of total TB cases in Gampaha district, while an increase in cases in the Kalutara district was observed.

Contents	Page
1. Leading Article - TUBERCULOSIS IN THE ERA OF COVID-19 IN SRI LANKA - Part I	1
2. Summary of selected notifiable diseases reported (28th-04th December 2020)	3
3. Surveillance of vaccine preventable diseases & AFP (28 th - 04 th December 2020)	4

WER Sri Lanka - Vol. 47 No. 50

Colombo district TB incidence remains the same.

A 28.8% decline in the total number of TB cases in 2020 in comparison to the previous year was reported. Q2 of the year 2020, reported a decline in the total number of TB cases in 25 out of 26 districts. Districts in the eastern part of Sri Lanka, including Batticaloa and Ampara and Polonnaruwa districts, reported nearly a fifty per cent decrease in the total number of TB cases. Western Province including Colombo, Kalutara and Gampaha districts reported a decrease in one-fourth of TB cases in comparison to the Q2 in 2019.

Percentage difference between the respective years in Q1 and Q2 are illustrated in Figure 1.

Discussion

NPTCCD (National Program for Tuberculosis Control and Chest Diseases Sri Lanka) is the national body which is responsible for preventive and curative services in Sri Lanka. Despite the lockdown situation from mid-March to the end mid of May, NPTCCD delivered comprehensive TB care coverage to the nation. NPTCCD issued separate guidelines on diagnosis and management of TB patients at the district level during the current COVID-19 pandemic situation and interim guidance for intermediate TB laboratories, GeneXpert laboratories and microscopy centres for handling patients' samples amid the COVID-19 pandemic through the Ministry of Health, Sri Lanka to facilitate uninterrupted and prompt



Figure 1 Percentage difference in TB cases in Q1 and Q2 in 2019 & 2020

In addition, the percentage of loss to follow up TB cases in comparison to the number of interrupters identified were 1.4% and 0.8% during Q1 and Q2 of the year 2020 respectively. There is a reduction in the number of deaths due to TB in 2020, in comparison to 2019. TB care to the citizens. **Compiled by**:

Dr. C.M. Wickramarachchi, (Acting Consultant Community Physician) Epidemiology Unit, Ministry of Health

WER Sri Lanka - Vol. 47 No. 50

WER Sri Lanka - Vol. 47 No. 50	05 th - 11 th Dec 2020
Table 1: Selected notifiable diseases reported by Medical Officers of Health	28th-04th Dec 2020 (49th Week)

Denç	jue Fever	Dyse	ntery	Ence	pha H	Enteric ⁻ ever		ood oisoni	bu	Leptos sis	spiro	Typhus Fever	» т	iral epatiti	s T F	Human tabies	ò	iickenpox	ž	eningitis	as es	eishman sis	i- WR(8
◄	Ш	A	в	A	3 4	A B	4	В		A	m	AB	A	Ξ	4	В	A	ш	A	8	A	в	*–	č*
-	7 4182	0	31	0	б	0	~	0	18	16	411	0	ω	T-	S	0	0	0 23	5	ц.	49	0	ה	6 1
	7 2611	0	12	0	8	0	7	H	20	7	306	0	8	0	8	0	7	0 2(33	0	35	0	50 3	89
-	0 1768	Ч	20	0	~	0	~	0	9	33	1053	H	16	0	9	0	2	4 3.	4		61	0	0	1
-	0 3408	2	36	0	-	0	11	0	22	Ħ	316	0	120	2	21	0	0	1 1:	33	0	33	m	77 6	1
	0 585	0	13	0	4	0	7	0	9	7	105	0	10	0	12	0		0	8	0	7	2 S	33 6	1
	0 167	0	40	0	2	0	ø	0	б	2	136	m	103	0	4	0	0	0	36	0	18	-	1	1
	2 1660	0	42	0	19		9	0	49	37	1099	0	69	0	6	0	2	1 3.	80	m	73	0	сл С	1
	4 363	0	13	0	4	0	m	4	53	~	257	H	74	0	8	0	7	2 2(22	2	60 1	2 68	36 7	2 1
	3 540	0	29	0	17	0		0	4	1	582	0	19	0	16	0	0	0 1	01	0	27	38	39 2	1
	8 2126	-	110	0	ч	0	23	2	87	7	33	18	691		m	0	2	0 1	0	0	12	0	с Ю	S
	0 134	0	47	0	7	0	11		33		23	0	47	0	1	0	0	0	2	0	12	0	13 6	1
	1 135	0	0	0	н	0	Μ	0	7		8	0	2	0	0	0	Ч	0	2	2	19	-	1	1
	0 251	0	15	0	0	0	9	0	ω	0	51	0	4	0	0	0	0	0	33	0	4	0		1
	0 86	0	14	0	0	0	9	0	Ŋ	7	29	0	16	0	ω	0	7	0	5 L	0	7	0	7 3	6 1
13	3 3010	0	97	0	10	0		0	52	0	39	0	0	0	∞	0		1 1(4	1	48	0	4	1
	0 318	0	21	0	4	0	0	0	н	9	108	0	0	0	4	0	0	0 1	6	0	19	0	7	1 1
	1 2289	0	20	0	0	0	н	0	2	0	31	0	6	0	8	0	0	1 1(27	0	10	0	4	1
	9 947	0	25	0	13		ы	0	38	m	277	ч	35	0	6	0	Ŀ	2 3;	8	1	48	ж А	52 4	1
	8 494	0	14	0	IJ	0	m	0		0	64	ц.	18	0	2	0	Ţ	0	4	1	75	0	10	1
	2 425	0	25	0	m	0	4		33	14	286		31	0	19	0	7	1	4	1	72	1 33	32 3	1
	0 246		12	0		0	0	0	8	15	167	0	H	1	26	0	-	4 1!	22	0	19 1	31	52 5	1
	8 503	1	32	0	~	0	4	0	12	11	397	m	112	1	18	0	0	1	0	0	40	-	4	1
	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	4 2000	0	105	0	29	0	9	H	40	14	1550	H	57	0	17	0	ц.	1 19	0	2 1	12	4	53	1 0:
	4 847	0	19	0	10		Ŀ	0	18	21	632	-	47	1	22	0	0	7 2(12	0	75	0	51 5	1
	3 971	0	57	0	4	0		0	6	0	23	0	2	0	ω	0	0	0 27	8	0	49	0	D	1
23	4 30066	9	849	0	161	m	136	10	531	21	7983	31	1494	~	232	0	25	56 394		L5 9	84 4	9 297	7	ø
	-f Comminica	old	MI acaev																					

•T=Timeliness refers to returns received on or before 04th Dec, 2020 Total number of reporting units 356 Number of reporting units data provided for the current week: 344 C**-Completeness

Page 3

Table 2: Vaccine-Preventable Diseases & AFP

05th- 11th Dec 2020

28th-04th Dec 2020 (49th Week)

Disease	No. of	Cases b	y Provinc	e						Number of Number cases of cases during during current same	Number of cases during same	Total num- ber of cases to	Total num- ber of cases to date in	Difference between the number of
	W	С	S	N	E	NW	NC	U	Sab	week in 2020	week in 2019	2020	2019	2020 & 2019
AFP*	00	00	00	00	00	00	00	00	00	00	00	38	78	- 51.2 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	01	00	01	00	01	03	02	164	307	- 46.5 %
Measles	00	00	00	00	00	00	00	00	01	01	02	51	280	- 81.7 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	07	20	- 65 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese En- cephalitis	00	00	00	00	00	00	00	00	00	00	01	31	17	82.3 %
Whooping Cough	00	00	00	00	01	00	00	00	00	01	00	10	38	- 73.6 %
Tuberculosis	142	18	03	14	12	04	03	08	00	204	268	5956	8337	- 28.5 %

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.

RDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matale, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna,

KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS, Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available Let's Unite and defeat COVID-19 Shield elderly Essential travel only

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

ON STATE SERVICE

Dr. Sudath Samaraweera CHIEF EPIDEMIOLOGIST EPIDEMIOLOGY UNIT 231, DE SARAM PLACE COLOMBO 10